

APPLICATION TO RENEW BUSINESS ENTITY LICENSE

LIC 448-29B (Rev 06/08)

Name: _____ Licensed Expiration Date: _____ / _____ / _____
 Business Entity Name Month Day Year

Insurance License Number: _____ FEIN Number: _____

On time renewals can be renewed faster online at www.insurance.ca.gov, under Online Services

Check license type(s) you are renewing:

<input type="checkbox"/> Life-Only Agent (LO)	\$144*	<input type="checkbox"/> Fire & Casualty Broker-Agent (FX)	\$144
<input type="checkbox"/> Accident and Health Agent (AH)	\$144*	<input type="checkbox"/> Limited Lines Automobile Insurance Agent (AU)	\$144
<input type="checkbox"/> Life-Only Limited to Funeral & Burial Expenses (LOLP)	\$144	<input type="checkbox"/> Personal Lines Broker-Agent (PL)	\$144
<input type="checkbox"/> Registered Administrator (RA)	\$144	<input type="checkbox"/> Surplus Line Broker (SL)	\$1,000**
<input type="checkbox"/> Part Time Fraternal (PF)	\$144	<input type="checkbox"/> Special Lines' Surplus Line Broker (SP)	\$1,000**
<input type="checkbox"/> Life & Disability Analyst (LA)	\$482	<input type="checkbox"/> Rental Car Agent (RC)	\$394
<input type="checkbox"/> Credit Insurance (CI)	\$317	<input type="checkbox"/> Motor Club Agent (MC)	\$144
<input type="checkbox"/> Self-Service Storage Agent (SS)	\$250	<input type="checkbox"/> Vehicle Service Contract Provider (VS)	\$720
<input type="checkbox"/> Cargo Shipper's Agent (CS)	\$48	<input type="checkbox"/> Communications Equipment Insurance Agent (CV)	\$248

* If renewing Life-Only Agent and Accident and Health submit only one filing fee.

**If renewing both Surplus Line Broker and Special Lines' Surplus Line Broker submit only one filing fee.

Non-resident fees are retaliatory and may be higher than fees shown above.

RENEWAL APPLICATION CERTIFICATIONS

1. Have you, your organization or any of its officers, directors, or 10% or greater shareholders been the subject of any administrative disciplinary action since your last previous application or renewal? ☐ Yes ☐ No.

2. Have you, your organization or any of its officers, directors, or 10% or greater shareholders been convicted of a crime since your last previous application or renewal? ☐ Yes ☐ No

"Crime" includes a felony, a misdemeanor or a military offense. "Convicted" includes, but is not limited to, having been found guilty by a verdict of a judge or jury, having entered a plea of nolo contendere, no contest, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses tried in juvenile court. You should answer "yes" if you have been convicted of a felony or a misdemeanor including driving offenses such as, but not limited to, reckless driving, driving under the influence and driving with a suspended license, whether or not you spent any time in jail, and whether or not you believe the conviction has been removed from your record.

IMPORTANT NOTICE: If you have answered "Yes" to 1 or 2, attach a detailed statement, signed by you (original signature), of the events which led to the charges (dates and places). If the matter was heard in court, attach copies, **CERTIFIED BY THE COURT**, of the Criminal Complaint and Minute Order showing the final plea, judgement and sentence. If you have had a change in background information pursuant to CIC 1729.2 and this information has already been submitted to the Department, you must attach a signed statement indicating the date submitted.

APPLICANT'S CERTIFICATIONS:

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have read the forgoing renewal application and certifications and know the contents thereof and that each statement therein made is full, true and correct. Pursuant to Insurance Code Sections 1703 and 1733, I authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license. I understand that any changes in background information (per CIC 1729.2) must be filed within 30 days or my license can be subjected to disciplinary action. I certify that I am in compliance with the background information reporting requirements of CIC 1729.2

3. _____ () - _____
 **SIGNATURE of authorized representative Date City/State Telephone

4. _____
 Print name **TITLE (officer, manager, member [corporation or LLC] or partner [partnership])

Fees and signed application must be postmarked by the expiration date of your license. If postmarked after that date, an additional delinquent fee of 50% is due and all appointments, endorsements and employee/employer relationships will have to be re-established with the appropriate forms and fees.

If your renewal fees were paid by license expiration date, you may continue operating under the existing license for 60 days or until notified that the renewal application is deficient (CIC Section 1720).

The application for renewal of an expired license may be filed up to one year from the date your license expires.

Address changes can be filed online at www.insurance.ca.gov under Online Services or mailed to: California Department of Insurance, 320 Capitol Mall Sacramento, CA 95814-4309 or Faxed to: (916) 327-6907 or E-mail CDI at: <https://interactive.web.insurance.ca.gov/pli/servlet/InformationRequest>.

For a change of name, attach a signed and dated statement requesting name change, with a copy of your approved articles. You will be notified if there are any further requirements. For business entity name change questions contact our Business Entity Unit at 916-492-3069.

Make check payable to: CALIFORNIA DEPARTMENT OF INSURANCE, **Mail to:** P.O. Box 311, Sacramento, CA 95812-0311.
 Information: (800) 967-9331 or (916) 322-3555.